



Docket No.: 20518/53 (S-8503)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Carlyon et al. **EXAMINER:** Not Yet Assigned
SERIAL NO.: 10/698,869 **ART UNIT:** Not Yet Assigned
FILED: October 31, 2003
FOR: SAFETY SHIELD

CERTIFICATE OF MAILING

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to, Mail Stop Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on:

November 21, 2003
Date

By: Michelle A. Phinney
Michelle A. Phinney

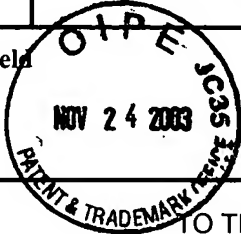
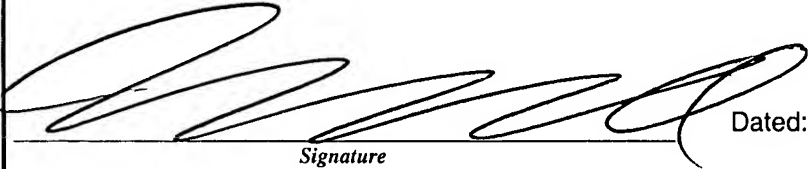

Mail Stop Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PRELIMINARY AMENDMENT

Sir:

Prior to examining the above-entitled patent application and before calculating the filing fees, please make the following amendments.

11/28/2003 KBETEMAI 00000044 500369 10698869
01 FC:1202 198.00 DA
02 FC:1201 86.00 DA

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. 20518/53 (S-8503)	
Applicant(s): Carlyon et al.					
Serial No. 10/698,869	Filing Date October 31, 2003	Examiner Not Yet Assigned		Group Art Unit Not Yet Assigned	
Invention: Safety Shield					
					
TO THE COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	37	26	11	x \$18.00	\$198.00
INDEP. CLAIMS	5	4	1	x \$86.00	\$86.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$284.00
<input type="checkbox"/> No additional fee is required for amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. 50-0369 in the amount of \$284.00 <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0369 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 Signature					
Dated: November 21, 2003					
Mark S. Leonardo, Esq. (Reg. No. 41,433) Attorney for Applicant Brown Rudnick Berlack Israels LLP One Financial Center Boston, MA 02111 Phone (617) 856-8145 Fax (617) 856-8201 Customer No. 21710					
<div style="border: 1px solid black; padding: 5px;"> I certify that this document and fee is being deposited November 21, 2003 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.  Signature of Person Mailing Correspondence Michelle A. Phinney Typed or Printed Name of Person Mailing Correspondence </div>					
CC:					